

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LL</i>	<i>68904</i>	<i>4/2/00</i>
O.I.P.E. CLASSIFIER	<i>MD</i>	<i>59</i>	<i>04-12-00</i>
FORMALITY REVIEW	<i>LL</i>	<i>71531</i>	<i>6-7-00</i>
RESPONSE FORMALITY REVIEW	<i>LL</i>	<i>71531</i>	<i>8-9-00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
="	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	11.01
2	✓	✓	11.01
3	✓	✓	11.01
4	✓	✓	11.01
5	✓	✓	11.01
6	✓	✓	11.01
7	✓	✓	11.01
8	✓	✓	11.01
9	✓	✓	11.01
10	✓	✓	11.01
11	✓	✓	11.01
12	✓	✓	11.01
13	✓	✓	11.01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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